DOCUMENT RESUME

ED 437 421 TM 030 573

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TITLE	The Wilder Foundation Client Characteristics Checklist: Use of a Risk Factors Assessment as an Evaluation Tool.
INSTITUTION	Amherst H. Wilder Foundation, St. Paul, MN.
PUB DATE	1999-11-06
NOTE	29p.; Paper presented at the Annual Meeting of the American Evaluation Association (14th, Orlando, FL, November 2-6, 1999).
PUB TYPE	Reports - Evaluative (142) -- Speeches/Meeting Papers (150) -- Tests/Questionnaires (160)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Check Lists; Evaluation Methods; Individual Characteristics; *Patients; Philanthropic Foundations; Program Evaluation; *Risk
IDENTIFIERS	Client Tracking

ABSTRACT

The usefulness of a Client Characteristics Checklist that has been used in many programs sponsored by the Wilder Foundation over 10 years was studied. The checklist is used to document a variety of potential risk factors and descriptive characteristics of individuals and families served by Foundation programs. Client characteristics across the projects that have used the instrument were studied, and the instrument was examined to see if revisions were necessary. Data were collected on 12,467 clients served by 33 programs. Across programs and fiscal years, the average number of client risk characteristics identified was 12. Five of these were identified as particularly likely to increase over time. Only four items did not show significant variation by client gender, and the frequencies of the client characteristics also showed variation according to the ethnicity of the client. The number of client characteristics identified increased with the child's educational level (used as a proxy for age). These findings, a literature review, and staff recommendations were used to develop revised checklist items. Twenty-nine of the original 46 items were retained on the checklist, and 25 new items were added. The checklist is attached. Contains 18 figures. (SLD)

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WILDER RESEARCH CENTER

The Wilder Foundation Client Characteristics Checklist

Use of a risk factors assessment as an evaluation tool

Paper presented at the American Evaluation Association Annual Conference

NOVEMBER 1999

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The Wilder Foundation Client Characteristics Checklist

Use of a risk factors assessment as an evaluation tool

American Evaluation Association Annual Conference
November 6, 1999

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BACKGROUND

BRIEF PROJECT DESCRIPTION

The purpose of this presentation was to describe the results of a project conducted by the Wilder Research Center. This project assessed the utility of a Client Characteristics Checklist that has been in use across many of the Wilder Foundation's programs serving children and youth for over 10 years. This checklist is used to document a variety of potential risk factors and descriptive characteristics of individuals and families served by Foundation programs.

There were two goals of the project. The first goal was to examine client characteristics across all programs that have used this instrument. Four questions were examined: (1) What characteristics are commonly exhibited by Wilder clients?; (2) Have there been changes in the frequency of these characteristics over time?; (3) Are there variations in the reported frequency of characteristics on the basis of client gender, ethnicity, or age?; and (4) Are there variations in the reported frequency of characteristics across different types of programs? In addition, factor analyses were conducted to identify clusters of related characteristics.

The second goal was to examine the current instrument and to make revisions as necessary. Three lines of evidence were used to make these modifications: (1) solicitation of input from program staff; (2) a review of the literature related to assessment of risk factors; and (3) statistical properties of the existing instrument. A special effort was made to add items to the checklist of relevance to a wider age range than the original instrument, which contained few items appropriate for an early childhood population.

This presentation briefly summarized the results related to each of these project goals. A full report of the project findings is available by request from the Wilder Research Center.

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INFORMATION ABOUT THE AMHERST H. WILDER FOUNDATION

Amherst H. Wilder Foundation

- Nonprofit health and human service organization serving greater Saint Paul, MN
- Currently provides approximately 100 programs to people of all ages and social backgrounds
- Services to children and families address four major areas:
  - mental health and education
  - early childhood development
  - community social services
  - residential programs

INFORMATION ABOUT THE WILDER RESEARCH CENTER

Wilder Research Center

- Serves the Wilder Foundation, nonprofit organizations, government agencies, policy making boards, other foundations, and community groups
- Employs a multidisciplinary research staff
- Provides a wide range of services, including:
  - program evaluation
  - survey studies and program demonstration studies
  - 'best practices' literature reviews
  - tracking of social trends
  - consultation and training

OVERVIEW OF PRESENTATION

Overview of Presentation

- Description of the client characteristics checklist
- Illustration of information obtained from the instrument
- Overview of instrument revision
- Recommendations for instrument use

DESCRIPTION OF THE CHECKLIST

Client Characteristics Checklist

- List of 46 items (60 in revised version) describing possible characteristics of clients and their families
- Used in many of the Wilder Foundation programs serving children and families
- Completed by program staff, usually at the time of client discharge from the program
- Each item scored in dichotomous fashion ("observed" or "not observed")
- Used to provide descriptive information about program clients

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Types of Information Assessed

- Delinquency/problem behaviors
- Family context/instability
- Aggression/violence
- Abuse history
- Social service involvement/placements
- School-related problems
- Parental involvement in crime or drug use
- Family conflict
- Family health/mental health history
- Suicide risk
- Serious pathology

DESCRIPTION OF SAMPLE

Description of Sample

- Total N = 12,467
- 60% male and 40% female
- 77% white and 23% other races (predominantly African-American)
- Client ages ranged from 5 to 18
- Data collected between 1986 and 1998
- 33 Wilder programs included (primarily mental health and residential programs)

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Overview of Results to be Presented

- Most common characteristics
- Summary of changes over time
- Summary of differences in reported characteristics according to client gender, ethnicity and age
- Summary of differences across program types

MOST COMMONLY REPORTED CHARACTERISTICS

Frequency analyses were conducted to determine the relative prevalence of each of the 46 characteristics included in the original version of the checklist. The following two slides summarize the ten most frequent characteristics that were reported. The number of characteristics exhibited by clients ranged from 0 to 38, with most clients exhibiting between 2 and 15 characteristics. Across all programs and fiscal years, the average number of client characteristics reported was 12.

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Most Common Characteristics

1. Frequent unresolved conflicts between parent and child prior to admission (75%)
2. Pattern of impulsivity (65%)
3. Chronic unresolved conflicts between parents (62%)
4. Single parent family (56%)
5. History of chemical abuse by one or more parental figures (50%)

Most Common Characteristics continued

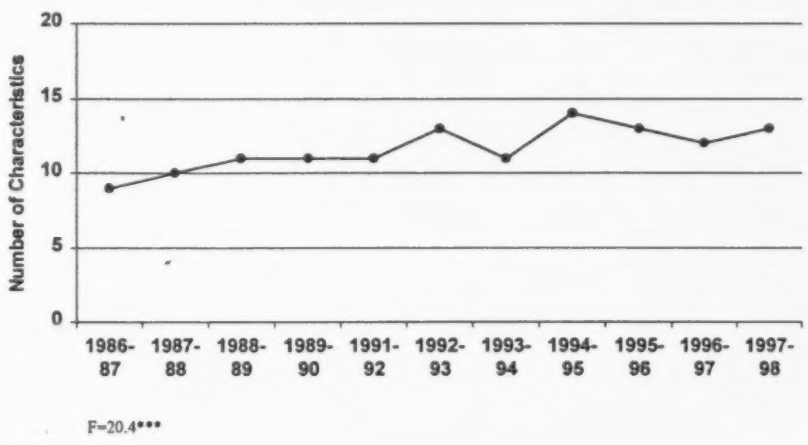
6. One or more previous outpatient efforts for the child (49%)
7. Child threatens or intimidates others (45%)
8. Chronic economic distress (45%)
9. Recipient of special education services (42%)
10. Parental figures involved with social service agencies 2 or more years (41%)

Average number of characteristics exhibited: 12

VARIATION IN NUMBER OF CHARACTERISTICS REPORTED OVER TIME

As seen in Figure 1, there was a tendency toward slightly higher numbers of characteristics reported in the last five years, no strong trend emerges from these data. Analysis of variance results did indicate significant variation across the ten years (F=20.4***). It should be noted that, due to the large sample size included in this project, smaller amounts of change are needed to reach a statistically significant level.

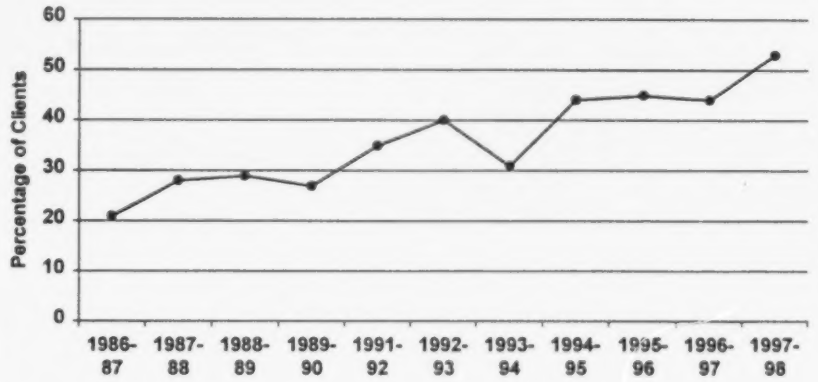
Figure 1. Total Number of Client Characteristics Exhibited Over Time



F=20.4***

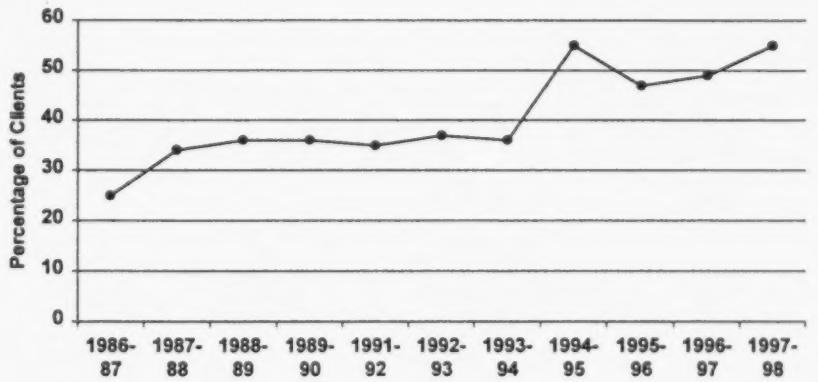
A review of the changes in specific characteristics indicate that five characteristics were particularly likely to increase over time. These characteristics were: child is assaultive or physically attacks others, child threatens or intimidates others, recipient of special education services, multiple suspensions from school, and pattern of impulsivity. The frequency of these characteristics over the past ten years are illustrated in Figures 2-6.

Figure 2. Frequency of Characteristics Over Time: Assaultive/Physically Attacks Others



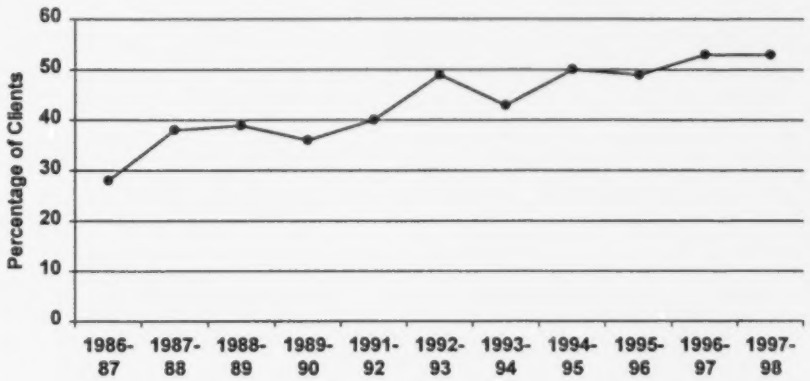
F=420.24***

Figure 3. Frequency of Characteristics Over Time: Recipient of Special Education Services



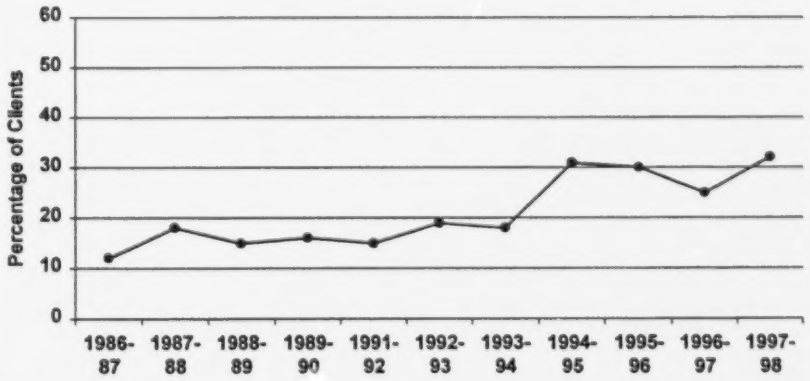
F=258.03***

Figure 4. Frequency of Characteristics Over Time: Child Threatens or Intimidates Others



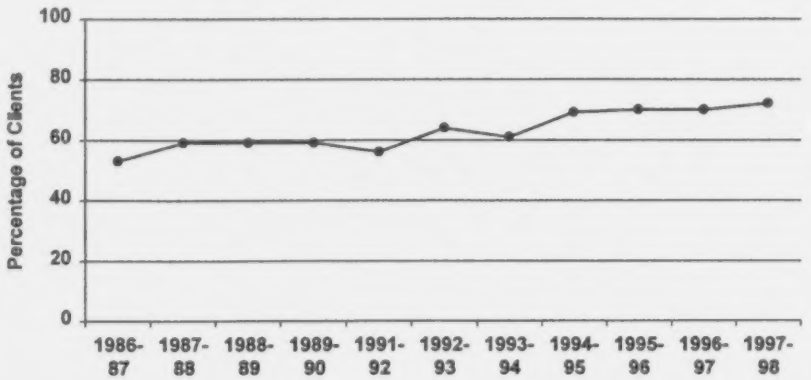
F=210.65

Figure 5. Frequency of Characteristics Over Time: Multiple Suspensions from School



F=248.11***

Figure 6. Frequency of Characteristics Over Time: Pattern of Impulsivity



F=160.00***

VARIATION IN REPORTED CHARACTERISTICS BY GENDER

Each of the client characteristics was examined to assess variation in frequency according to client gender. The total number of characteristics exhibited did not vary significantly by gender, with males exhibiting an average of 8.8 characteristics and females exhibiting an average of 9.5 characteristics. While the overall number of characteristics did not vary significantly by gender, there were differences in specific characteristics.

Only four items out of the 46 items included in the checklist did not show significant variation by client gender. These four items were: family history of suicide (not client), mental illness hospitalization of parental figures, adjudicated delinquency, and a history of isolative or withdrawn behavior. Eleven items were more prevalent in males and 31 items were more prevalent in females. The items showing the greatest differences between males and females are highlighted in Figures 7 and 8.

Figure 7. Characteristics More Prevalent Among Males

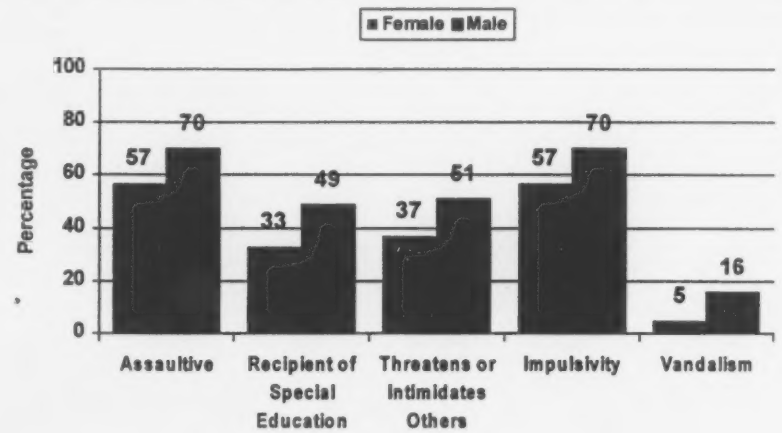
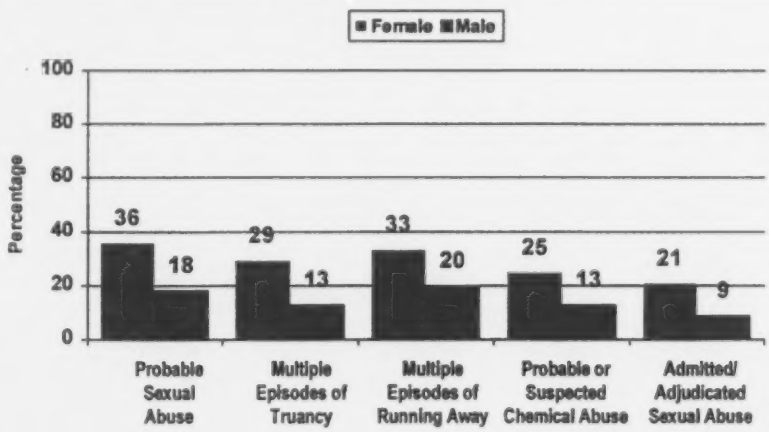


Figure 8. Characteristics More Prevalent Among Females



VARIATION IN REPORTED CHARACTERISTICS BY ETHNICITY

The frequencies of the client characteristics also showed variation according to the ethnicity of the client. Overall, there was a difference in the average number of characteristics exhibited, with white clients having fewer characteristics than clients of color (11.1 for white clients and 14.3 for clients of other races). This difference was statistically significant at the 0.001 level.

Only six items did not show any variation according to client ethnicity. These items included: child previously diagnosed as chemically dependent, child has made suicide attempt, history of self-injurious behavior, child is preoccupied with and/or inappropriately plays with fire, history of isolative or withdrawn behavior, and probable or suspected chemical abuse by the child. Six items were significantly more likely to occur in white clients. Three examples of these characteristics are presented in Figure 9. The remaining 34 items were reported more frequently for clients of other races. Figure 10 summarizes characteristics showing the largest disparity between white clients and clients of other races.

Figure 9. Characteristics More Prevalent In White Client s

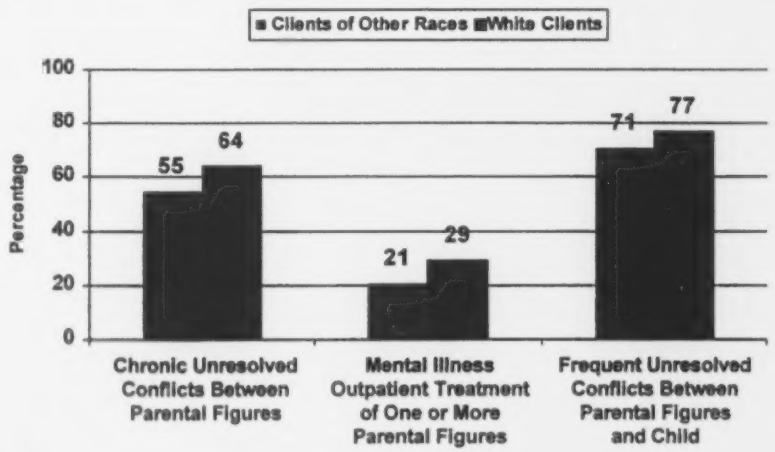
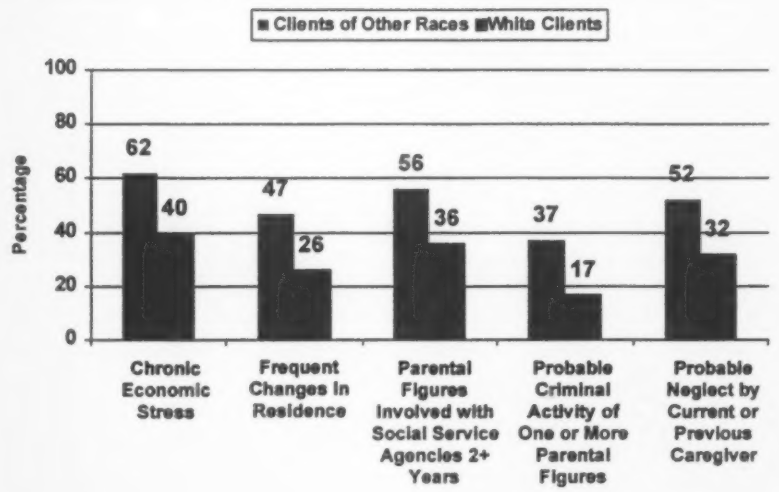


Figure 10. Characteristics More Prevalent In Clients of Other Races



VARIATION IN REPORTED CHARACTERISTICS BY EDUCATIONAL LEVEL

The client characteristics data were also examined to explore possible age trends in the incidence of specific behaviors and characteristics. Due to the high relationship between age and grade in school, and the lack of any clear divisions into age categories, clients' educational level was used as a proxy for age. Educational level is not only highly correlated with age, but also illustrates the transitions in clients' lives that may be related to manifestation of risk characteristics. For the purposes of these analyses, clients were categorized into four groups: preschool age, grade school age (grades K-5), middle school age (grades 6-8), and high school age (grades 9-12).

The number of client characteristics exhibited increased consistently according to educational level. The average number of characteristics reported was 7.5 for clients in the preschool period, 10.2 for clients in grade school, 12.5 for clients in middle school, and 13.6 for clients in high school. This increase was statistically significant at the 0.001 level.

Chi-square analyses indicated high levels of significant variation across age categories. The items showing the most notable increases with age are found in Figures 11 – 15.

Figure 11. Frequency of Observed Abuse by Client Educational Level

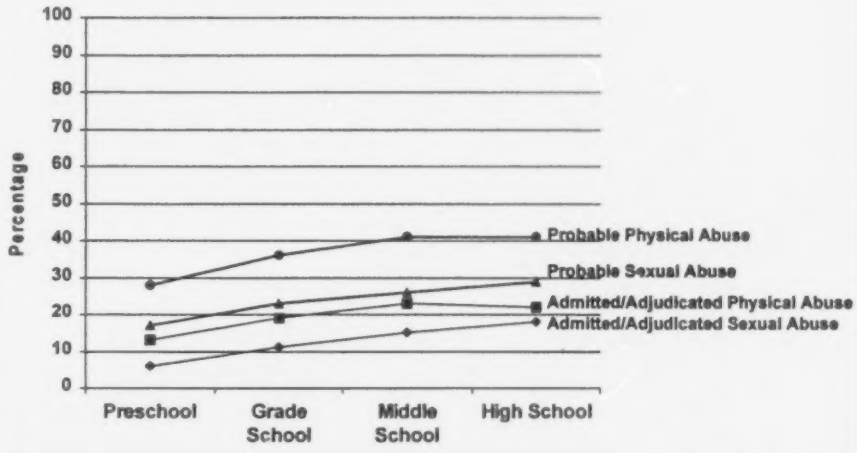


Figure 12. Frequency of Observed Family Conflict by Client Educational Level

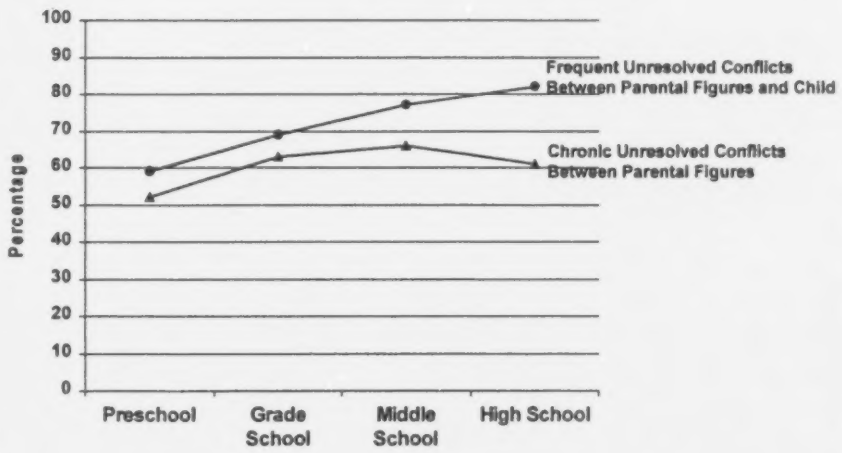


Figure 13. Frequency of Previous Interventions by Client Educational Level

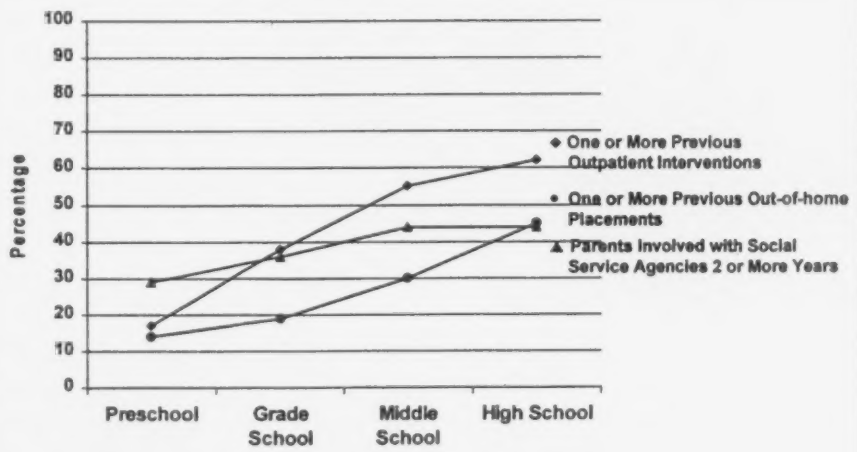


Figure 14. Frequency of Observed School Issues by Client Educational Level

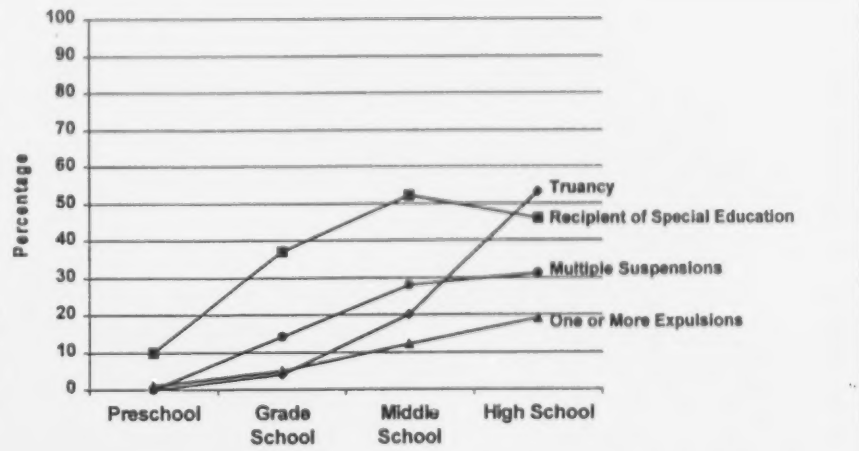
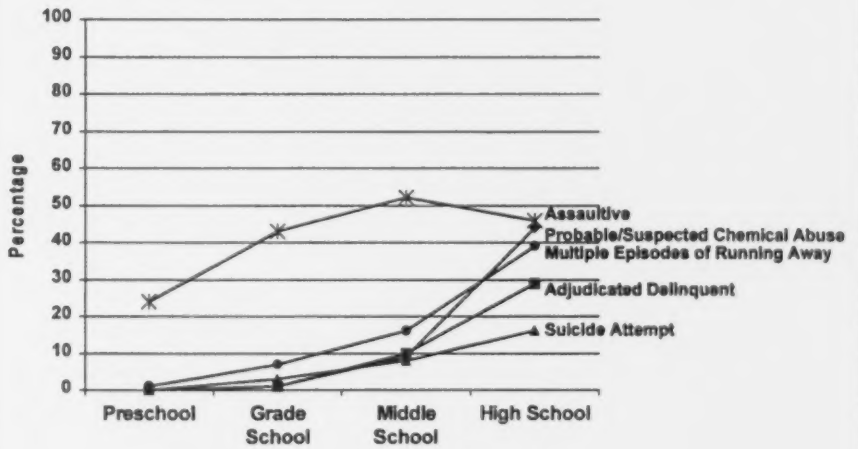


Figure 15. Frequency of Observed Problem Behaviors by Client Educational Level



VARIATION IN REPORTED CHARACTERISTICS BY TYPE OF PROGRAM

The final set of analyses examined variation in the client characteristics that were observed for clients from different Wilder Foundation programs. A total of 33 programs were included in this study. Figure 16 illustrates the number of characteristics reported for three representative programs. These programs include an early intervention program for families identified to be at-risk, an outpatient mental health clinic serving children and families, and a residential treatment program for children with severe emotional and behavioral problems. As seen in this table, the highest number of characteristics was reported for children in residential treatment. Figure 17 highlights variation in several specific characteristics.

Figure 16. Differences in Number of Characteristics Based on Program Type

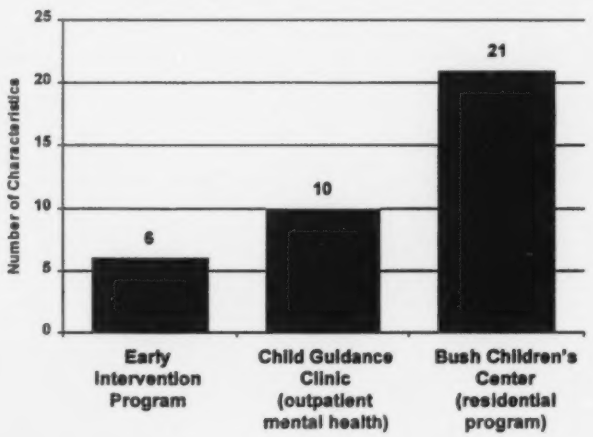
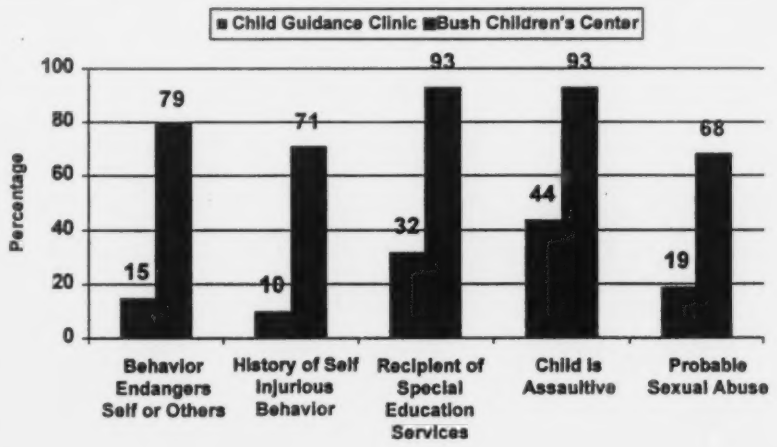


Figure 17. Differences in Specific Characteristics Based on Program Type (1997-98 Data)



REVIEW OF EXISTING ITEMS

The second purpose of this special project was to propose revisions to the checklist. Three different strategies were used to assess the current items and to identify potential areas for improvement. First, the above analyses were used to provide guidance regarding items to retain and items to modify or eliminate. For instance, an effort was made to identify items that have shown significant change over the past ten years and to ensure that these items can continue to be used to monitor trends in the clients served by Wilder programs. Factor analysis results were also used. For example, one item ("behavior endangers self or others") was significantly related to multiple factors. This result suggests that the item is not measuring one clearly defined behavior, but may be a vague item that is open to multiple interpretations from staff. An effort was made to reduce these ambiguities as they were identified.

Second, both research and program staff were asked to provide feedback on proposed revisions. Program staff were asked to propose new items for inclusion on the instrument based upon their work with clients. They were also asked to rate the relative usefulness of proposed new items. Wilder Research Center research staff also provided comments and feedback related to the proposed revision at several points in the development process.

Third, a review of the literature was conducted to assess behaviors and characteristics that have been empirically determined to be important risk or protective factors. A list of these factors was developed and compared with the items currently on the checklist and items with strong research support that were not currently included were incorporated as appropriate. A particular effort was made to identify potential risk and protective factors appropriate for an early childhood population, as these characteristics were underrepresented in the original instrument.

As part of this review, an effort was made to identify relevant theoretical models of the relationships between various types of risk factors and problem behaviors. One theoretical model that appears relevant is described briefly in the following section. An effort was made to align the characteristics included in the checklist with this model,

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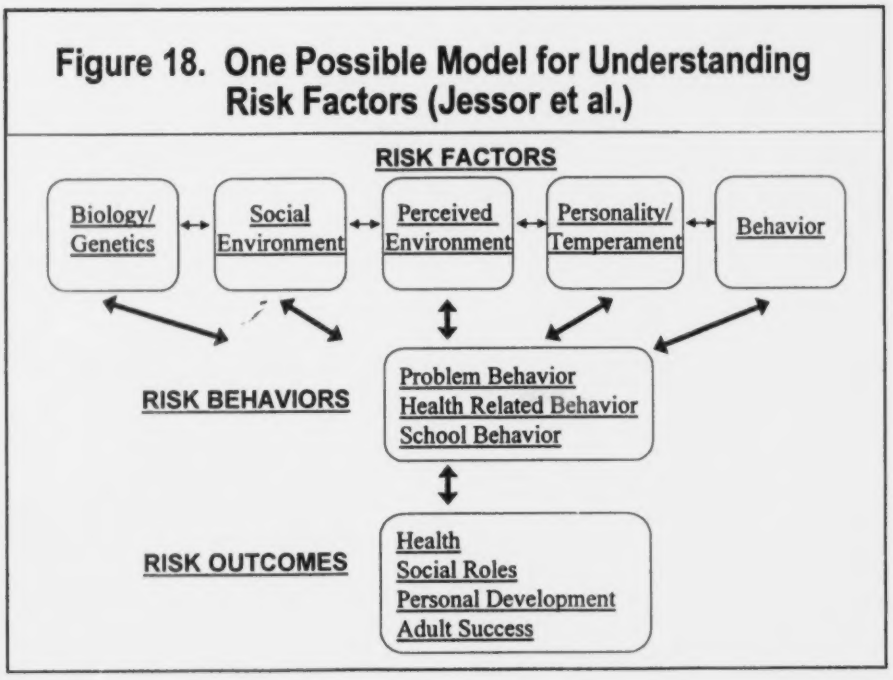
lending a stronger theoretical underpinning to the instrument. This theoretical grounding may allow us to use the checklist results in some new ways in the future, such as considering the relationships between patterns of characteristics and treatment outcomes.

THEORETICAL FRAMEWORK

After a review of theoretical models of risk and resilience, Problem Behavior Theory was selected as a model for this instrument. Problem Behavior Theory has been developed by Richard Jessor and his colleagues to study behaviors of adolescents and young adults (Costa, Jessor, & Donovan, 1989; Donovan, Jessor, & Costa, 1991; Jessor, 1984). In our revision, we incorporated a number of characteristics appropriate for a younger population, while maintaining the structure of this theory.

This model identifies five categories of risk factors: biology/genetics, the social environment, the perceived environment, personality/temperament, and behavior. The relationships between these categories are integrated to measure overall psychosocial proneness, which reflects the likelihood of occurrence of a problem behavior. These risk factors are strongly predictive of risk behaviors which are further associated with poor life outcomes.

Figure 18. One Possible Model for Understanding Risk Factors (Jessor et al.)



The items included on the checklist were designed to provide a strong assessment of the first two levels of the model: risk factors and risk behaviors. The third level was not strongly incorporated due to the longer-term focus of these items and to potential overlap between these outcomes and service effectiveness data already collected as part of the existing evaluation designs.

This model was selected to serve as the theoretical basis of the instrument due to several factors. First, the framework influences a fairly large number of variables and reflects an attempt to achieve rather comprehensive representation of key characteristics. Second, the framework allows for consideration of both risk and protective factors when predicting behaviors. It should be noted that in the Client Characteristics Checklist, protective factors are not included directly, though several items were added to reflect the absence of protective factors (i.e., client does not have supportive relationships with unrelated adults). Third, the model uses an ecological perspective that emphasizes multiple influences on development and multiple levels of influence (i.e., close relationships, social settings, etc.). Thus, the focus is on how individual factors interact within contextual settings, with behavior predicted by person-environment interaction. Fourth, it uses a developmental framework that emphasizes: normal developmental tasks and risks; interaction of multiple causal factors that vary by age; identification and mapping of different risk trajectories; and cumulative risk over time.

SUMMARY OF CHECKLIST REVISIONS

Many items underwent minor modification (i.e., some items were modified to allow for consistent grammatical structure across items). Other items were clarified through the addition or modification of examples to illustrate the items. Aside from these types of changes, 29 items of the original 46 were retained on the checklist.

On the original version of the checklist, several behaviors were represented by multiple items on the checklist (i.e., probable chemical abuse and chemical abuse diagnosis). These items were combined into fewer items to allow a broader range of characteristics on the form.

Two items were eliminated from the instrument: one or more siblings of child is receiving mental health services; and parental rights have been terminated for one or more siblings. These items were discontinued due to low theoretical/empirical support and low ratings of importance from program staff.

Finally, 25 new items were added to the checklist. These items were developed both based upon the literature review and theoretical model and upon the recommendations of program and research staff.

PROJECT CONCLUSION AND RECOMMENDATIONS

Several conclusions can be drawn from this project. For instance, the data highlight several trends and patterns that warrant consideration in program design and evaluation. One trend is the increase in several characteristics over time. It is clearly important to monitor these trends and to develop or expand programming as a result of changes in the general population and the client base over time. The trends also support the importance of considering gender and ethnicity. Strong variation in specific characteristics emerged on the basis of these factors, indicating that background characteristics, contextual factors, and involvement in problem behaviors can vary strongly.

Similarly, the data show that while many of the behavior and characteristics generally increased with the age of the client, there was still considerable variation in the specific trajectories over time. In other words, not all behaviors showed similar increases over time. Some characteristics, such as unresolved conflicts between parents and child, showed fairly steady increases with age. Other behaviors, such as assaultive behaviors and receiving special education, peaked in middle school with subsequent declines. Still other behaviors increased slowly until middle school, with dramatic increases between middle school and high school (e.g., truancy, probable/suspected chemical abuse). An awareness of the specific age trends that exist may be used to explore the timing of prevention efforts or to gain additional understanding of the issues being faced by clients of different ages.

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Several other recommendations for programming emerge through a consideration of both the client characteristics results and the existing literature and theory. First, it is important to consider the importance of the social environment. Client characteristics results indicated a high prevalence of items related to social context, such as high levels of conflict in the family. Second, the research suggests that it is important to consider multiple pathways in the development of problem behaviors. While many of the clients exhibit similar patterns of behaviors, there may be different sets of antecedents to consider. Third, while these factors are not included in the checklist, the research indicates that it may be important to emphasize the development and enhancement of protective factors while simultaneously attempting to reduce risk factors. In other words, it may not be enough to attempt to reduce the types of characteristics assessed on this checklist.

ACKNOWLEDGMENTS

Wilder Research Center contributors include Phil Cooper who assisted with statistical analyses; Louann Graham, Marilyn Conrad, and Kari Danielson who word processed the report, presentation, and the evaluation instruments; and Heather Johnson and Dan Mueller who edited all materials. Additional acknowledgments are extended to the Wilder Foundation program staff and research center staff who provided feedback on suggested instrument revisions.

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ALIGNMENT OF WILDER FOUNDATION CLIENT CHARACTERISTICS CHECKLIST TO PROBLEM BEHAVIOR MODEL

RISK FACTORS

BIOLOGY/GENETICS	SOCIAL ENVIRONMENT	PERCEIVED ENVIRONMENT	PERSONALITY/ TEMPERAMENT	BEHAVIOR
Child Health • Chronic illness/health problem • Prenatal exposure to drugs/ alcohol Family Health • Parent/sibling has chronic illness or disability • Family history of suicide • Parent history of mental illness treatment	Family Context • Chronic economic distress • Single parent family • Parental divorce/separation • Frequent changes in residence • Serial changes in parental figures • Parent or sibling died • Mother under age 18 when child was born • Parent with less than high school education Lack of Supportive Relationships • Poor/inconsistent monitoring of behavior • Poor or insecure attachment • Separation anxiety • No strong connections to extended family • No strong relationships with unrelated adults Social Service Involvement • Parents terminated rights • Involved with social service agencies for 2+ years • Previous out-of-home placements • Previous outpatient interventions	Models for Deviant Behavior • Parental history of chemical abuse • Parental history of criminal activity Family Conflict • Chronic conflict between parents • Violence between parents • Chronic conflicts between parents and child History of abuse/neglect • Probable/documented physical abuse • Probable/documented sexual abuse • Probable/documented neglect	Personality • Hyperactive • Pattern of impulsivity • Easily distractible/attentional deficits • Irritability Early Childhood Issues • Born prematurely • History of feeding/sleeping problems • History of temper tantrums	Violence to Others • Threatens/intimidates others • Assaultive/attacks others Violence to Self • Suicide attempt • History of self-injurious behavior • Isolative/withdrawn behavior High Risk Behaviors • Preoccupied with/plays with fire • Physical cruelty to animals • Behavior endangers self or others Lack of Social Involvement • Lack of participation in organized social activities • Lack of participation in organized religious activities

RISK BEHAVIORS

PROBLEM BEHAVIOR	HEALTH RELATED BEHAVIOR	SCHOOL BEHAVIOR
• Pregnancy or fathered child • Multiple episodes of running away • Multiple acts of vandalism • Adjudicated delinquent • Chemical abuse	• Unhealthy eating habits • Smokes cigarettes • Sedentary lifestyle/does not exercise regularly	• Multiple episodes of truancy • Recipient of special education services • Dropped out/stopped attending school • History of low academic performance • Multiple suspensions/expulsions

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WILDER FOUNDATION CLIENT CHARACTERISTICS CHECKLIST

Program Number _____ Client Initials _____ Client Number _____

Discharge Date _____ Date Form Completed _____

Worker Last Name _____ Worker Number _____

A characteristic is regarded as "observed" if documenting information has been obtained by the worker through direct observation, case records or interviews with the client or family members. An "observed" behavior or characteristic is one that occurred prior to or during the treatment or intervention episode. When there is no evidence to indicate the presence of a particular behavior or characteristic, the category "not observed" should be circled. All ratings should be based on what has been "observed" as of the time the form is completed. If behaviors or characteristics that were present when services began are no longer present at the time the form is completed, the observed category should still be circled.

The form is <u>not</u> intended to measure treatment effectiveness. It is intended only to describe the behaviors and characteristics of children and families who become program clients.

	Observed	Not Observed
1. Family has experienced chronic economic distress	1	2
2. Family is or has been headed by a single parent	1	2
3. Child has experienced parental divorce or separation	1	2
4. Family has had frequent changes in residence (3 or more times in previous 5 years)	1	2
5. Family has had serial changes in parental figures (e.g., foster placements, reunifications with parents, living with relatives, parental figures/partners moving in and out of household)	1	2
6. Biological or adoptive parents terminated rights on the child	1	2
7. Parental figures have been involved with social service agencies for two or more years	1	2
8. Family has a history of suicide (<u>not</u> client)	1	2
9. Parental figure or sibling has a chronic illness or handicap	1	2
10. Parental figure or sibling of child has died (<u>not</u> suicide)	1	2
11. Mother was under 18 when child was born	1	2
12. One or more parental figures has less than a high school education	1	2
13. One or more parental figures has had previous mental illness treatment	1	2
14. One or more parental figures has a history of chemical abuse or is currently exhibiting chemical abuse	1	2
15. One or more parental figures has engaged in probable or adjudicated criminal activity	1	2
16. Family exhibits chronic unresolved conflicts between parental figures	1	2
17. Child has witnessed violence between parental figures	1	2
18. Family exhibits frequent unresolved conflicts between parental figure(s) and child	1	2
19. Child has experienced probable or documented physical abuse	1	2
20. Child has experienced probable or documented sexual abuse	1	2
21. Child has experienced probable neglect by current or previous caregivers	1	2
22. Parents exhibit poor or inconsistent monitoring of child's behavior (e.g., children often unsupervised, inconsistent discipline)	1	2
23. Child exhibits poor or insecure attachment to parents (e.g., indifference, avoidance, hostility)	1	2

-OVER-

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	Observed	Not Observed
24. Child exhibits separation anxiety	1	2
25. Child has been in previous out-of-home placements	1	2
26. Child has been the recipient of one or more previous outpatient intervention efforts.	1	2
27. Child has chronic illness or health problems	1	2
28. Child experienced prenatal exposure to drugs or alcohol	1	2
29. Child was born prematurely	1	2
30. Child has a history of feeding and/or sleeping problems	1	2
31. Child has a history of temper tantrums	1	2
32. Child's behavior endangers self or others (e.g., fast driving, playing with firearms, jumping from high places)	1	2
33. Child has had at least one pregnancy or has fathered a child	1	2
34. Child has had multiple episodes of running away	1	2
35. Child has engaged in multiple acts of vandalism	1	2
36. Child is an adjudicated delinquent	1	2
37. Child threatens or intimidates others	1	2
38. Child is assaultive or physically attacks others	1	2
39. Child has made a suicide attempt	1	2
40. Child has a history of self-injurious behavior (e.g., scratching, cutting, biting, hair pulling)	1	2
41. Child has a history of isolative or withdrawn behavior	1	2
42. Child is preoccupied with and/or inappropriately plays with fire	1	2
43. Child has exhibited physical cruelty to animals	1	2
44. Child has had multiple episodes of truancy	1	2
45. Child is the recipient of special education services	1	2
46. Child has dropped out or stopped attending school	1	2
47. Child has a history of low academic performance (e.g., failing grades, repeated a grade)	1	2
48. Child has multiple suspensions and/or at least one expulsion/administrative transfer from the school or child care setting	1	2
49. Child exhibits probable chemical abuse or has been diagnosed as chemically dependent	1	2
50. Child is often hyperactive	1	2
51. Child exhibits pattern of impulsivity	1	2
52. Child is easily distractible or has attentional deficits	1	2
53. Child is often irritable	1	2
54. Child does <u>not</u> have strong connections to extended family (e.g., grandparents, aunts, uncles)	1	2
55. Child does <u>not</u> have strong positive relationships with any unrelated adults (e.g., mentors, counselors, neighbors)	1	2
56. Child does <u>not</u> participate in organized social activities (e.g., sports, school or recreational activities, clubs, scouts)	1	2
57. Child does <u>not</u> participate in organized religious activities	1	2
58. Child exhibits unhealthy eating habits	1	2
59. Child smokes cigarettes	1	2
60. Child exhibits sedentary lifestyle or does <u>not</u> exercise regularly	1	2

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